

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024638

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6598

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
BY AFFIDAVIT OF

FILED JUL 12 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

BARNES HOSPITAL

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
2919 Accomac St.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First IRVIN

Middle H.

Last GAMBLE

4. DATE OF DEATH

Month JULY

Day 3

Year 1962

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
9/6/76

9. AGE (last birthday)  
85

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Attorney-at-law

10b. KIND OF BUSINESS OR INDUSTRY  
Lawyer

11. BIRTHPLACE (City and state or country)  
Montgomery City, Ill.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

William Gamble

13b. MOTHER'S MAIDEN NAME

Luvana Sanders

14. NAME OF HUSBAND OR WIFE

Ella Cochel Ficklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
James Gamble 1621 N. Geyer Rd.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) GLIOBLASTOMA OF BRAIN

INTERVAL BETWEEN ONSET AND DEATH  
4 MONTHS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

193.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from MARCH 29, 1962 to JULY 3, 1962 and last saw her alive on JULY 3, 1962  
Death occurred at 5:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

7/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Cremation

23b. DATE  
7/5/62

23c. NAME OF CEMETERY OR CREMATORY  
Oak Grove Crematory

23d. LOCATION (City, town, or county)  
St. Louis Co., Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

E.J. Schnur 3125 Lafayette Ave.

25. DATE RECD. BY LOCAL REG.

JUL 5 1962

26. REGISTRAR'S SIGNATURE

Reed Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Joseph B. Hollman*

Licensed Embalmer No. 4014

P. O. Address

3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.